FORMAL COMPLAINT

For Commission Use Only:

Illinois Commerce Commission
527 E. Capitol Avenue 27 P 1: 04 Springfield, Illinois 62701
CHIEF CLEMAS OFFICE

Regarding a complaint by (Person	n making the complaint):	MT. Pisgah l	Missionar	y Baptist Chui	rch	
Against (Utility name):	Peoples Gas	•				
As to (Reason for complaint)Estimated Back Billing						
in Chicago	Hinois.					
TO THE ILLINOIS COMMERCE CO	MMISSION, SPRINGFIELD, ILL	.INDIS:				
My mailing address is	4622 5	South King D	rive	<u> </u>	1	
The service address that I am co	mplaining about is 4622 S	South King D	rive (hicago	40453	
My home telephone is		[]_	<u> </u>			
Between 8:30 A.M. and 5:00 P.M.	weekdays, I can be reached a	t [<u>773</u>]3	73-0070			
(Full name of utility company) Peoples Energy (respondent) is a public utility and is subject to the provisions of the Illinois Public Utilities Act.						
In the space below, list the specif	fic section of the law, Commiss	sion rule(s), or utility	y tariffs that you	u think-is involved with-	your complaint.	
						
Have you contacted the Consumer Services Division of the Illinois Commerce Commission about your complaint?				our complaint?	X Yes ☐ No	
Has your complaint filed with that office been closed?					Yes K No	

Please state your complaint briefly. Number each of the paragraphs. Please include time period and dollar amounts involved with your complaint. Use an extra sheet of paper if needed.

- 1. On October 25, 2002 we received an estimated back charge for our Gas bill in the amount of \$5,713.07 at 4622 south King Drive.
- 2. We contacted Peoples Energy to ask them why we were still receiving estimated bills when we cleary stated on numerous occasions that we, were NOT to receive and more estimated billing. We have paid our bill each month. Our question/concern is how Peoples Energy calulated amount in question.
- 3. We are requesting a review of this billing of \$5,713.07 and that we are NOT charge any late fees. We are open 6 days a week and there should not have been any reason for this estimated billing. Our daily hours of operation are 7:00 A. M. 5:00 P. M.

Complainant's Signature

Please clearly state what you want the Commission to do in this case: Grant us a Formal Hearing.

FOR MT PISCAN MB
er.
ined about (referred to as respondents).
hat I have read the above petition and know what it says.
L M.B. Church
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NOTE: Failure to answer all of the questions on this form may result in this form being returned without processing. If you have questions, please call the counselor in the Consumer Services Division that handled your informal complaint.

Date: 2-24-03